Name in Full

Certificate of Death

Mary Elizabeth Bankard

Died at Town Ellicott City County Howard MARYLAND

Date 1899 Month Mar. Day 19 Age Y. 50 M. yrs D. Native of Md. Occupation house duties

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~ John G. Bretherton

Father's Name dont know Mother's Name dont know

Cause of Death Primary Apoplexy 42 How long sick few hours

Immediate Accident, Suicide, Homicide

OVER

Reported by Stephen Hillsinger

Address Undertaker Ellicott City

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Attended by Dr. B. J. Byrne

of Ellicott City Md 26

Seen by Coroner

of

Information contained in this certificate received from John G. Bretherton

of Ellicott City Md.

Name In Full

Certificate of Death

Harry Bodely

Died at Town: Simpsonville County: Howard MARYLAND

Date 1899 Month: 13 Day: 17 Age Y. 15 M. D.

Native of Maryland Occupation Farmer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name William Thomas Bodly

Mother's Name Annie Bodely

Cause of Death: Primary Dropsy

Immediate

How long sick One Year

Accident, Suicide, Homicide

OVER

Reported by Milton Easton

Address Ellicott City, Howard Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70898

Attended by Dr. T. W. Smithdeal 5-29

of Savage Md.

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full Lillie Boston

Certificate of Death

Died at Town Guilford County Honora MARYLAND

Date 189 9 Month 3 Day 12 | Age Y. 25 M. D. | Native of Md. | Occupation ~~Servant~~

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~ None

Husband of Wife Albert Boston

Father's Name Samuel Thomas

Mother's Name

Cause of Death: Primary Tuberculosis 22a — How long sick 6 mos

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by T. W. Linthicum M.D. for Wm. Milstead

Address Savage Md. Funeral Director

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Elizabeth Bretherton — Certificate of Death

Died at Town: Ellicott City County: Howard MARYLAND

Date 1899 Month: March Day: 19 | Age Y. — M. — D. — | Native of — | Occupation —

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ Widower — ~~Divorced~~ — Number of children living

Husband ~~Wife~~ of Chas Bretherton

Father's Name — Mother's Name —

Cause of Death — Primary — 42 — How long sick 12 hours.

Immediate — Apoplexy — ~~Accident, Suicide, Homicide~~

Reported by D. J. Bethune

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76888

Name in Full

William Brian

Certificate of Death

Died at Town: Ellicott City. County: Howard MARYLAND

Date 189 9 Month 3 Day 28 | Age Y. 72 M. D. | Native of Md Town Indiana | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~

Number of children living 9

~~Husband~~ Wife of Mary Jane Brandy

Father's Name John Brian | Mother's Name Ann Brian

Cause of Death: Primary Heart Disease 5-7 | How long sick 9. m

Immediate Uremic Trouble | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H B Brown

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Washington Clifford

Died at Ellicott City (Town) Howard (County) MARYLAND

Date 1899 Month 3 Day 2 | Age Y. 52 M. D. | Native of Howard Co | Occupation Coachman

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living None

Husband / Wife of Mary Clifford

Father's Name Charles Clifford

Mother's Name Mary Lee

Cause of Death — Primary: Acute Indigestion — How long sick: 12 hours

Immediate: Inspation 81 — Accident, Suicide, Homicide

Reported by Thos R Orrings

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988

Name in Full George Gerwig

Certificate of Death

Died at Town Pine Orchard County Howard County MARYLAND

Date 1899 Month March Day 6 Age Y. 5 M. 8 D. Native of Maryland Occupation Carpenter

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Jacob Gerwig

Mother's Name Christina Gerwig

Cause of Death Primary Drink 34 How long sick found dead

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by R C Hammond MD

Address Pine Orchard Howard Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 56268

Name In Full

Certificate of Death

Samuel E. Hartley

Died at Town near Ellicott City County Howard MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 3	10	Age 80				

Male ~~Female~~ White Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary — Heart disease — 5-7 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Unknown 3-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

Stephen Ailsinger. Jr.

Died at Ellicott City (Town) Howard (County) MARYLAND

Date 1899 Month 3 Day 11 | Age Y. 25 M. D. | Native of Ellicott | Occupation Cabinet Maker

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Stephen Ailsinger

Mother's Name Mrs Mackenzie

Cause of Death: Primary Carcinoma of Abdomen — How long sick 4 weeks

Immediate Exhaustion — 25 g

~~Accident, Suicide, Homicide~~

Reported by Thos A Dorsey

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Myrtle Hopkins (Colored)

Died at Ellicott City (Town) Howard (County) MARYLAND

Date 189 9 Month March Day 17 Age Y. 2 M. 3 D. Native of Howard Co Occupation —

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name William Hopkins

Mother's Name Dora Cooper

Cause of Death: Primary

Immediate Tuberculosis

How long sick 5 days

Accident, Suicide, Homicide

Reported by William E Hodges

Address Ellicott City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Harry Leonidas Iglehart

Certificate of Death

Died at Town: Alberton County: Howard MARYLAND

Date 1899 Month: Mch Day: 14 | Age Y.: 13 M.: 2 D.: 7 | Native of: Md | Occupation: School Boy

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

Husband / Wife of

Father's Name: Leonidas Iglehart | Mother's Name: Hattie Elizabeth Sievers

Cause of Death — Primary: Railroad accident Pelvis, & left femur Crushed | How long sick:

Immediate: Hemorrhage & Shock. | Accident, ~~Suicide~~, ~~Homicide~~

Reported by Dr. Wm B Gambrill, 145-d

Address Alberton, Howard Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65088

Name in Full

Andrew Jackson

Certificate of Death

Died at Alberton (Town) Howard (County) MARYLAND

Date 1899 Month May Day 27 | Age Y. 74 M. 1 D. — | Native of Va. | Occupation Miller

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 11

~~Wife~~ Husband of Emma Susan Thompson

Father's Name Wm Jackson | Mother's Name not known

Cause of Death: Primary Senility 1441 | How long sick About 3 yrs

Immediate Asthenia | ~~Accident, Suicide, Homicide~~

Reported by Dr. Wm Blandrill

Address Alberton Howard Co., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068

Name in Full

Certificate of Death

still born James.

Died at Town: Columbia County: Howard MARYLAND

Date 189 9 Month: Mar. Day: 12 | Age Y. — M. — D. — | Native of: md. | Occupation: ~~——~~

~~Male~~ ~~Female~~ | ~~White~~ ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~

Father's Name: Joseph James | Mother's Name: Elizabeth Carroll

Cause of Death — Primary: still born | How long sick: —

Immediate | ~~Accident, Suicide, Homicide~~

OVER

Reported by Stephen Hullsinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. ———

of ———

Seen by Coroner ———

of ———

Information contained in this certificate received from Charles L. Carroll

of Columbia Howard Co,

Name in Full: Juba Lee

Certificate of Death

Died at — Town: Ellicott City — County: Howard — MARYLAND

Date 1894 — Month: 3 — Day: 5 — Age: Y. 96 M. D. — Native of: Howard County — Occupation: Farm Hand

Male — ~~White~~ — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — ~~Single~~ — ~~Widower~~ — Number of children living: 1

Husband / Wife of: Susan Lee

Father's Name: Dont Know — Mother's Name:

Cause of Death — Primary: Old age — 141 — How long sick: 6. months

Immediate: Euremic Convulsions — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Dr Thos B Owings

Address: Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 85968

Name In Full

Certificate of Death

Eugene Rutledge

Died at Town: Second Hospital for the Insane County: Sykesville, How MARYLAND

Date 1899 Month: March Day: 24th

Age Y. 46 M. 4 D. 10

Native of: Md.

Occupation: Stone Cutter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 0

Husband / Wife of Mrs Eugene Rutledge.

Father's Name: Not known

Mother's Name: Not known

Cause of Death — Primary: General Paresis — How long sick: Almost 2 weeks.

Cause of Death — Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by John Norfolk Morris M.D

Address Second Hospital Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Mary Scott

Died at Town: Ilchester — County: Howard — MARYLAND

Date 189 9 — Month: Feb — Day: 19 — Age: Y. 64 M. 11 D. 28 — Native of: Virginia — Occupation: Housework

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — Widow — Widower — ~~Divorced~~ — Number of children living: 5

~~Husband~~ of Charles Scott

Father's Name: James Connell — Mother's Name: Hannah Molair

Cause of Death — Primary: Cancer of breast — How long sick: 4 years

Immediate: asthenia 2 5 0 — Accident, Suicide, ~~Homicide~~

Reported by: Jno. M. Bloomer M.D.

Address: Ellicotts City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Franklin Dewey Smith

Certificate of Death

Died at Town County Howard MARYLAND

Date 1899 Month Mch Day 22 Age Y. 8 M. 7 D. Native of Md. Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Frank Smith Mother's Name Florence E. Smith

Cause of Death Primary Pneumonia 72 How long sick 20 days

Immediate Effects of same ~~Accident, Suicide, Homicide~~

Reported by C. W. Hefsinger M.D.

Address Sykesville Howard Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full — Certificate of Death

Richard Albert Snowden

Died at — Town: Savage — County: Howard — MARYLAND

Date 1899 — Month: 3 — Day: 15 — Age: Y. 3 M. 6 D. 3 — Native of: Md — Occupation: —

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Wm H. Snowden — Mother's Name: Mary Agnes Snowden

Cause of Death — Primary: Typhoid Fever — How long sick: 4 weeks

Immediate: Meningitis — ~~Accident, Suicide, Homicide~~

Reported by: F. W. Lieutheuser M. D.

Address: Savage — Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full

T. S. Thomas

Certificate of Death

Died at Town: Jonestown County: Howard MARYLAND

Date 189 9 Month Mar. Day 12 Age Y. 3 M. yrs. D. Native of Md Occupation none

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~

Father's Name Edward Thomas Mother's Name Mary Jackson OVER

Cause of Death: Primary Burt to death 146a How long sick

Immediate ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Stephen Hillsinger

Address Undertaker Ellicott City OVER

Must be signed by physicien, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. None

of —

Seen by Coroner —

of —

Information contained in this certificate received from Edward Thomas.

—

Name in Full: Nathaniel Wallace

Certificate of Death

Died ~~at~~ near Town: Ellicott City County: Howard MARYLAND

Date 1899 Month: 3 Day: 20 Age Y.: 88 M.: – D.: – Native of: Maryland Occupation: Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living: 7

Husband of Wife: Harriet Wallace 5-9

Father's Name: Mother's Name:

Cause of Death: Primary: Old age with atheromatous arteries How long sick: Nearly a year

Immediate: Dont know ~~Accident, Suicide, Homicide~~

Reported by: Samuel J. Fort M. D.

Address: Ellicott City Howard Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998